## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004  |  |   |                             |                                   |               |                  |     |                      | 101554620              |    |                     |                        |
|---|--|---|-----------------------------|-----------------------------------|---------------|------------------|-----|----------------------|------------------------|----|---------------------|------------------------|
|   |  | CLAIMS                                    | S FILED - PART I (Column 1) |                                   | (Column 2)    |                  |     | SMALL ENTITY<br>TYPE |                        | OR | OTHER<br>SMALL      |                        |
| U.S. NATIONAL STAGE FEES  |  |   |                             |                                   |               |                  | 7   | RATE                 | FEE                    | 7. | RATE                | FEE                    |
| BASIC FEE   |  |   |                             |                                   |               |                  | 1   | BASIC FEE            |                        | OR | BASIC FEE           | 300                    |
| EXAMINATION FEE   |  |   |                             |                                   |               |                  | 1   | EXAM. FEE            |                        | 1  | EXAM. FEE           | 200                    |
| SEARCH FEE  |  |   |                             |                                   |               |                  | 1   | SEARCH FEE           |                        | 1  | SEARCH FEE          | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minus 100 =                 |                                   | / 50 =        |                  | 1   | X \$ 125 =           | ļ                      | 1  | X \$ 250 =          | /                      |
| TOTAL CHARGEABLE CLAIMS   |  |   | 20 minus 20 = *             |                                   | . ,           |                  | 1   | X \$ 25 =            |                        | OR | X \$ 50 =           | //                     |
| INDEPENDENT CLAIMS  |  |   | minus 3 = *                 |                                   |               |                  |     | X \$ 100 =           |                        | OR | X \$ 200 =          | /                      |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PR                             | SENT                        |                                   |               |                  | 1   | + \$ 180 =           |                        | OR | + \$ 360 =          | /                      |
| * If  | the difference                                 | in column 1 is                            | less than zero              | o, enter "0                       | " in co       | lumn 2           |     | TOTAL                |                        | OR | TOTAL               | 900                    |
|   |  | (Column 1)  CLAIMS REMAINING              | HIGH                        |                                   | nn 2)<br>EST  | (Column 3)       |     | SMALL E              | ADDI-                  | OR | OTHER SMALL E       | 1                      |
| AMENDMENT A   |  | AFTER<br>AMENDMENT                        |                             | PREVIO<br>PAID I                  |               | EXTRA            |     | RATE                 | TIONAL<br>FEE          |    | RATE                | TIONAL<br>FEE          |
|   | Total  | *   | Minus                       | **                                |               | =                |     | X \$ 25 =            |                        | OR | X \$ 50 =           |                        |
|   | Independent                                    | *   | Minus                       | ***                               | <del></del> , | =                | ] [ | X \$ 100 =           |                        | OR | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                             |                                   |               |                  |     | + \$ 180 =           |                        | OR | + \$ 360 =          |                        |
|   |  |   |                             |                                   |               |                  | _   | TOTAL ADDIT.<br>FFF  |                        | OR | TOTAL ADDIT.<br>FFF |                        |
|   |  | (Column 1)                                |                             | (Colum                            | nn 2)         | (Column 3)       |     |                      |                        |    |                     |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                             | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>USLY   | PRESENT<br>EXTRA |     | RATE                 | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                       | **                                |               | =                |     | X \$ 25 =            |                        | OR | X \$ 50 =           |                        |
|   | Independent                                    | *   | Minus                       | ***                               |               | =                |     | X \$ 100 =           |                        | OR | X \$ 200 =          |                        |
|   | FIRST PRES                                     | ENTATION OF M                             | ULTIPLE DEPI                | ENDENT C                          | LAIM          |                  |     | + \$ 180 =           |                        | OR | + \$ 360 =          |                        |
|   |  |   |                             |                                   |               |                  |     | TOTAL ADDIT.<br>FFF  |                        | OR | TOTAL ADDIT.<br>FFF |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                             |                                   |               |                  |     |                      |                        |    |                     |                        |

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